

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017830

FILED
Feb 27, 2012
Secretary of State

Entity Name: PONTE VEDRA MEDSPA PLASTIC SURGERY & LASER CENTER, LLC

Current Principal Place of Business:

209 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

209 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FAIRBANKS, RANDAL C
113 NATURE WALK PARKWAY
SUITE 103
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BURK, ROBERT W III, MD
Address: 209 PONTE VEDRA PARK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGR
Name: RUMSEY, III, C. CAYCE III, MD
Address: 209 PONTE VEDRA PARK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGR
Name: SNYDER, BRETT J MD
Address: 209 PONTE VEDRA PARK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR
Name: SCIOSCIA, PAUL J MD
Address: 209 PONTE VEDRA PARK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT W. BURK III, MD MGR 02/27/2012

_____ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date